

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: MH**  
**APPLICATION YEAR: 2011**

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**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2011**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: MH**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 252,495

A.Preventive and primary care for children:

\$ 75,749 ( 30%)

B.Children with special health care needs:

\$ 75,749 ( 30%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 25,249 ( 10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 189,372

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 0

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 0

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 175,745

\$ 189,372

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 441,867

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 0

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 641,349

j. Education: \$ 0

k. Other: \$ 0

30+FP \$ 297,375

CSAP \$ 100,000

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 1,038,724

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 1,480,591

<b>FORM NOTES FOR FORM 2</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: MH**

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 252,495	\$ 252,495	\$ 252,495	\$ 252,495	\$ 252,495	\$ 252,495
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 189,372	\$ 189,372	\$ 189,372	\$ 189,372	\$ 189,372	\$ 189,372
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b>	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 1,173,024	\$ 1,173,024	\$ 1,173,024	\$ 1,173,024	\$ 1,088,724	\$ 1,088,724
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 1,614,891	\$ 1,614,891	\$ 1,614,891	\$ 1,614,891	\$ 1,530,591	\$ 1,530,591
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: MH**

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 252,495	\$ 252,495	\$ 252,495		\$ 252,495	
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 189,372	\$ 189,372	\$ 189,372		\$ 189,372	
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>7. Subtotal</b>	\$ 441,867	\$ 441,867	\$ 441,867	\$ 0	\$ 441,867	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 1,088,724	\$ 1,088,724	\$ 1,088,724		\$ 1,038,724	
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 1,530,591	\$ 1,530,591	\$ 1,530,591	\$ 0	\$ 1,480,591	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM NOTES FOR FORM 3**

None

**FIELD LEVEL NOTES**

None

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MH**

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 108,907	\$ 108,907	\$ 108,907	\$ 108,907	\$ 108,907	\$ 108,907
b. Infants < 1 year old	\$ 86,274	\$ 86,274	\$ 86,274	\$ 86,274	\$ 86,274	\$ 86,274
c. Children 1 to 22 years old	\$ 141,811	\$ 141,811	\$ 141,811	\$ 141,811	\$ 141,811	\$ 141,811
d. Children with Special Healthcare Needs	\$ 79,625	\$ 79,625	\$ 79,625	\$ 79,625	\$ 79,625	\$ 79,625
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 25,250	\$ 25,250	\$ 25,250	\$ 25,250	\$ 25,250	\$ 25,250
g. SUBTOTAL	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 84,300		\$ 84,300		\$ 0	
c. CISS	\$ 50,000		\$ 50,000		\$ 50,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 641,349		\$ 641,349		\$ 641,349	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
330 + FP	\$ 297,375		\$ 297,375		\$ 297,375	
CSAP	\$ 100,000		\$ 100,000		\$ 100,000	
<b>III. SUBTOTAL</b>	\$ 1,173,024		\$ 1,173,024		\$ 1,088,724	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MH**

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 108,907	\$ 108,907	\$ 108,907		\$ 108,907	
b. Infants < 1 year old	\$ 86,274	\$ 86,274	\$ 86,274		\$ 86,274	
c. Children 1 to 22 years old	\$ 141,811	\$ 141,811	\$ 141,811		\$ 141,811	
d. Children with Special Healthcare Needs	\$ 79,625	\$ 79,625	\$ 79,625		\$ 79,625	
e. Others	\$ 0	\$ 0	\$ 0		\$ 0	
f. Administration	\$ 25,250	\$ 25,250	\$ 25,250		\$ 25,250	
g. SUBTOTAL	\$ 441,867	\$ 441,867	\$ 441,867	\$ 0	\$ 441,867	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 0		\$ 0	
c. CISS	\$ 50,000		\$ 50,000		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 641,349		\$ 641,349		\$ 641,349	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
30+FP	\$ 0		\$ 297,375		\$ 297,375	
CSAP	\$ 100,000		\$ 100,000		\$ 100,000	
330+FP	\$ 297,375		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 1,088,724		\$ 1,088,724		\$ 1,038,724	

<b>FORM NOTES FOR FORM 4</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: MH**

TYPE OF SERVICE	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 123,973	\$ 123,973	\$ 123,973	\$ 123,973	\$ 123,973	\$ 123,973
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 90,000	\$ 90,000	\$ 90,000	\$ 90,000	\$ 90,000	\$ 90,000
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 125,250	\$ 125,250	\$ 125,250	\$ 125,250	\$ 125,250	\$ 125,250
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 102,644	\$ 102,644	\$ 102,644	\$ 102,644	\$ 102,644	\$ 102,644
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: MH**

TYPE OF SERVICE	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 123,973	\$ 123,973	\$ 123,973	\$	\$ 123,973	\$
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 90,000	\$ 90,000	\$ 90,000	\$	\$ 90,000	\$
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 125,250	\$ 125,250	\$ 125,250	\$	\$ 125,250	\$
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 102,644	\$ 102,644	\$ 102,644	\$	\$ 102,644	\$
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 441,867	\$ 441,867	\$ 441,867	\$ 0	\$ 441,867	\$ 0

<b>FORM NOTES FOR FORM 5</b>
None
<b>FIELD LEVEL NOTES</b>
None

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: MH						
Total Births by Occurrence: 1,517				Reporting Year: 2009		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	0	0	0	0	0	
Congenital Hypothyroidism	0	0	0	0	0	
Galactosemia	0	0	0	0	0	
Sickle Cell Disease	0	0	0	0	0	
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						
Pap smear tests performed for RH/MCH/FP	2,410	158.9	3	3	3	100
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

## FORM NOTES FOR FORM 6

None

### FIELD LEVEL NOTES

1. **Section Number:** Form6\_Main  
**Field Name:** Phenylketonuria\_OneScreenNo  
**Row Name:** Phenylketonuria  
**Column Name:** Receiving at least one screen  
**Year:** 2011  
**Field Note:**  
RMI does not performed this test.
2. **Section Number:** Form6\_Main  
**Field Name:** Congenital\_OneScreenNo  
**Row Name:** Congenital  
**Column Name:** Receiving at least one screen  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
3. **Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_OneScreenNo  
**Row Name:** Galactosemia  
**Column Name:** Receiving at least one screen  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI due to lack of trained staff and equipment.
4. **Section Number:** Form6\_Main  
**Field Name:** SickCellDisease\_OneScreenNo  
**Row Name:** SickCellDisease  
**Column Name:** Receiving at least one screen  
**Year:** 2011  
**Field Note:**  
RMI does not performed, however, special tests are sent out to Honolulu Lab to do it.
5. **Section Number:** Form6\_Main  
**Field Name:** Phenylketonuria\_Presumptive  
**Row Name:** Phenylketonuria  
**Column Name:** Presumptive positive screens  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
6. **Section Number:** Form6\_Main  
**Field Name:** Congenital\_Presumptive  
**Row Name:** Congenital  
**Column Name:** Presumptive positive screens  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
7. **Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_Presumptive  
**Row Name:** Galactosemia  
**Column Name:** Presumptive positive screens  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
8. **Section Number:** Form6\_Main  
**Field Name:** SickCellDisease\_Presumptive  
**Row Name:** SickCellDisease  
**Column Name:** Presumptive positive screens  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
9. **Section Number:** Form6\_Main  
**Field Name:** Phenylketonuria\_Confirmed  
**Row Name:** Phenylketonuria  
**Column Name:** Confirmed Cases  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
10. **Section Number:** Form6\_Main  
**Field Name:** Congenital\_Confirmed  
**Row Name:** Congenital  
**Column Name:** Confirmed Cases  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
11. **Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_Confirmed  
**Row Name:** Galactosemia  
**Column Name:** Confirmed Cases  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
12. **Section Number:** Form6\_Main  
**Field Name:** SickCellDisease\_Confirmed  
**Row Name:** SickCellDisease

**Column Name:** Confirmed Cases

**Year:** 2011

**Field Note:**

Not applicable to the RMI.

13. **Section Number:** Form6\_Main

**Field Name:** Phenylketonuria\_TreatmentNo

**Row Name:** Phenylketonuria

**Column Name:** Needing treatment that received treatment

**Year:** 2011

**Field Note:**

Not applicable to the RMI.

14. **Section Number:** Form6\_Main

**Field Name:** Congenital\_TreatmentNo

**Row Name:** Congenital

**Column Name:** Needing treatment that received treatment

**Year:** 2011

**Field Note:**

Not applicable to the RMI.

15. **Section Number:** Form6\_Main

**Field Name:** Galactosemia\_TreatmentNo

**Row Name:** Galactosemia

**Column Name:** Needing treatment that received treatment

**Year:** 2011

**Field Note:**

Not applicable to the RMI.

16. **Section Number:** Form6\_Main

**Field Name:** SickleCellDisease\_TreatmentNo

**Row Name:** SickleCellDisease

**Column Name:** Needing treatment that received treatment

**Year:** 2011

**Field Note:**

Not applicable to the RMI.

17. **Section Number:** Form6\_Other Screening Types

**Field Name:** Other

**Row Name:** All Rows

**Column Name:** All Columns

**Year:** 2011

**Field Note:**

RMI has just implemented New born Hearing Screening for the first time in late May 2010. There were 64 new born babies hearing screening, this is the actual number of babies born in May 2010, because RMI started this project in late May 2010. The project will be evaluated in May 2011, therefore, good data will be provided in the next reporting cycle. RMI does not perform other tests as stated in Form 6. However, any newborn are provided routine newborn examination based on protocol and if any cases found to have any kinds of abnormal problems, his/her doctor will request blood and is sent off islands for testing, since we do not have the capability to do these tests on islands.

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: MH**

Reporting Year: 2009

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,537	0.0	0.0	0.0	0.0	0.0
Infants < 1 year old	1,652	0.0	0.0	0.0	0.0	0.0
Children 1 to 22 years old	31,048	0.0	0.0	0.0	0.0	0.0
Children with Special Healthcare Needs	458	0.0	0.0	0.0	0.0	0.0
Others	0	0.0	0.0	0.0	0.0	0.0
<b>TOTAL</b>	<b>34,695</b>					

## FORM NOTES FOR FORM 7

None

### FIELD LEVEL NOTES

1. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_TS  
**Row Name:** Pregnant Women  
**Column Name:** Title V Total Served  
**Year:** 2011  
**Field Note:**  
Data shown here is served under Title V.
2. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_XIX  
**Row Name:** Pregnant Women  
**Column Name:** Title XIX %  
**Year:** 2011  
**Field Note:**  
RMI does have Title XIX.
3. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_XXI  
**Row Name:** Pregnant Women  
**Column Name:** Title XXI %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
4. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_Private  
**Row Name:** Pregnant Women  
**Column Name:** Private/Other %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
5. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_None  
**Row Name:** Pregnant Women  
**Column Name:** None %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
6. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_Unknown  
**Row Name:** Pregnant Women  
**Column Name:** Unknown %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
7. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2011  
**Field Note:**  
Population shown here served by Title V only. Population Data came from Economic Policy, Planning, and Statistics Office' Population Estimate April 2009.
8. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_XIX  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XIX %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI since RMI does not have Title XIX.
9. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_XXI  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XXI %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
10. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_Private  
**Row Name:** Infants <1 year of age  
**Column Name:** Private/Other %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
11. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_None  
**Row Name:** Infants <1 year of age  
**Column Name:** None %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
12. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_Unknown  
**Row Name:** Infants <1 year of age

- Column Name:** Unknown %  
**Year:** 2011  
**Field Note:**  
not applicable to the RMI.
13. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_TS  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title V Total Served  
**Year:** 2011  
**Field Note:**  
Population Data came from Economic Policy, Planning, and Statistics Office' Population Estimate April 2009.
14. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_XIX  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title XIX %  
**Year:** 2011  
**Field Note:**  
RMI does not have Title XIX under the Compact.
15. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_XXI  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title XXI %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
16. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_Private  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Private/Other %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
17. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_None  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** None %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
18. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_Unknown  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Unknown %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
19. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_TS  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title V Total Served  
**Year:** 2011  
**Field Note:**  
Total Title V served.
20. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_XIX  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title XIX %  
**Year:** 2011  
**Field Note:**  
Title XIX does not applied to the RMI under the Compact of Free Association with the U.S.A.
21. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_XXI  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title XXI %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
22. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_Private  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Private/Other %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
23. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_None  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** None %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
24. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_Unknown  
**Row Name:** Children with Special Health Care Needs

**Column Name:** Unknown %

**Year:** 2011

**Field Note:**

Not applicable to the RMI.

25. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2011  
**Field Note:**  
Not applicable.
26. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_XIX  
**Row Name:** Others  
**Column Name:** Title XIX %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
27. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_XXI  
**Row Name:** Others  
**Column Name:** Title XXI %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
28. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_Private  
**Row Name:** Others  
**Column Name:** Private/Other %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
29. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_None  
**Row Name:** Others  
**Column Name:** None %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.
30. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_Unknown  
**Row Name:** Others  
**Column Name:** Unknown %  
**Year:** 2011  
**Field Note:**  
Not applicable to the RMI.

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: MH**

Reporting Year: 2009

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	1,517	1	0	0	6	1,453	57	0
Title V Served	1,517	1	0	0	6	1,453	57	0
Eligible for Title XIX	1,511	1	0	0	0	1,453	57	0
<b>INFANTS</b>								
Total Infants in State	1,652	0	0	0	0	1,652	0	0
Title V Served	1,652	0	0	0	0	1,652	0	0
Eligible for Title XIX	1,652	0	0	0	0	1,652	0	0

**II. UNDUPLICATED COUNT BY ETHNICITY**

				<b>HISPANIC OR LATINO (Sub-categories by country or area of origin)</b>				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	1,517	0	0	0	0	0	0	0
Title V Served	1,517	0	0	0	0	0	0	0
Eligible for Title XIX	0	0	0	0	0	0	0	0
<b>INFANTS</b>								
Total Infants in State	1,652	0	0	0	0	0	0	0
Title V Served	1,652	0	0	0	0	0	0	0
Eligible for Title XIX	0	0	0	0	0	0	0	0

## FORM NOTES FOR FORM 8

None

### FIELD LEVEL NOTES

1. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_All  
**Row Name:** Total Deliveries in State  
**Column Name:** Total All Races  
**Year:** 2011  
**Field Note:**  
Data is the RMI total served by Title V.
2. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2011  
**Field Note:**  
Total of RMI all races served by Title V.
3. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2011  
**Field Note:**  
RMI does not have Title XIX.
4. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_White  
**Row Name:** Eligible for Title XIX  
**Column Name:** White  
**Year:** 2011  
**Field Note:**  
RMI does not have Title XIX.
5. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_Black  
**Row Name:** Eligible for Title XIX  
**Column Name:** Black or African American  
**Year:** 2011  
**Field Note:**  
RMI does not have Title XIX.
6. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_Indian  
**Row Name:** Eligible for Title XIX  
**Column Name:** American Indian or Native American  
**Year:** 2011  
**Field Note:**  
RMI does not have Title XIX.
7. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_Asian  
**Row Name:** Eligible for Title XIX  
**Column Name:** Asian  
**Year:** 2011  
**Field Note:**  
RMI does not have Title XIX.
8. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_Hawaiian  
**Row Name:** Eligible for Title XIX  
**Column Name:** Native Hawaiian or Other Pacific Islander  
**Year:** 2011  
**Field Note:**  
RMI does not have Title XIX.
9. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_More  
**Row Name:** Eligible for Title XIX  
**Column Name:** More Than One Race Reported  
**Year:** 2011  
**Field Note:**  
RMI does not have Title XIX.
10. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_RaceOther  
**Row Name:** Eligible for Title XIX  
**Column Name:** Other and Unknown  
**Year:** 2011  
**Field Note:**  
RMI does not have Title XIX.
11. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_All  
**Row Name:** Total Infants in State  
**Column Name:** Total All Races  
**Year:** 2011  
**Field Note:**  
RMI total Infants served by Title V. Data source is from Economic Policy, Planning and Statistics Office' Population Estimate April 2009.
12. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleV\_All  
**Row Name:** Title V Served

**Column Name:** Total All Races

**Year:** 2011

**Field Note:**

Total served under Title V. Data source is from Economic Policy, Planning, and Statistics Office' Population Estimate April 2009.

13. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2011  
**Field Note:**  
RMI Does not eligible for Title XIX under the Compact with the U.S.
14. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_White  
**Row Name:** Eligible for Title XIX  
**Column Name:** White  
**Year:** 2011  
**Field Note:**  
RMI Does not eligible for Title XIX under the Compact with the U.S.
15. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_Black  
**Row Name:** Eligible for Title XIX  
**Column Name:** Black or African American  
**Year:** 2011  
**Field Note:**  
RMI Does not eligible for Title XIX under the Compact with the U.S.
16. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_Asian  
**Row Name:** Eligible for Title XIX  
**Column Name:** Asian  
**Year:** 2011  
**Field Note:**  
RMI Does not eligible for Title XIX under the Compact with the U.S.
17. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_Hawaiian  
**Row Name:** Eligible for Title XIX  
**Column Name:** Native Hawaiian or Other Pacific Islander  
**Year:** 2011  
**Field Note:**  
RMI Does not eligible for Title XIX under the Compact with the U.S.
18. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_More  
**Row Name:** Eligible for Title XIX  
**Column Name:** More Than One Race Reported  
**Year:** 2011  
**Field Note:**  
RMI Does not eligible for Title XIX under the Compact with the U.S.
19. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_RaceOther  
**Row Name:** Eligible for Title XIX  
**Column Name:** Other and Unknown  
**Year:** 2011  
**Field Note:**  
RMI Does not eligible for Title XIX under the Compact with the U.S.
20. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_TotalNotHispanic  
**Row Name:** Total Deliveries in State  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2011  
**Field Note:**  
Total deliveries in all races in RMI.
21. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_NotReported  
**Row Name:** Total Deliveries in State  
**Column Name:** Ethnicity Not Reported  
**Year:** 2011  
**Field Note:**  
RMI does not have Title XIX, so no data is being collected.
22. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_TotalNotHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2011  
**Field Note:**  
Total all races served by Title V.
23. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_TotalNotHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2011  
**Field Note:**  
RMI does not eligible for Title XIX under the Compact with the U.S.
24. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_TotalHispanic  
**Row Name:** Eligible for Title XIX

- Column Name:** Total Hispanic or Latino  
**Year:** 2011  
**Field Note:**  
RMI does not eligible for Title XIX under the Compact with the U.S.
25. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_NotReported  
**Row Name:** Eligible for Title XIX  
**Column Name:** Ethnicity Not Reported  
**Year:** 2011  
**Field Note:**  
RMI does not eligible for Title XIX under the Compact with the U.S.
26. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_Mexican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Mexican  
**Year:** 2011  
**Field Note:**  
RMI does not eligible for Title XIX under the Compact with the U.S.
27. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_Cuban  
**Row Name:** Eligible for Title XIX  
**Column Name:** Cuban  
**Year:** 2011  
**Field Note:**  
RMI does not eligible for Title XIX under the Compact with the U.S.
28. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_PuertoRican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Puerto Rican  
**Year:** 2011  
**Field Note:**  
RMI does not eligible for Title XIX under the Compact with the U.S.
29. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_CentralAmerican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Central and South American  
**Year:** 2011  
**Field Note:**  
RMI does not eligible for Title XIX under the Compact with the U.S.
30. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_EthnicityOther  
**Row Name:** Eligible for Title XIX  
**Column Name:** Other and Unknown  
**Year:** 2011  
**Field Note:**  
RMI does not eligible for Title XIX under the Compact with the U.S.
31. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_TotalNotHispanic  
**Row Name:** Total Infants in State  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2011  
**Field Note:**  
Data source is the Economic Policy, Planning, and Statistics Office' Population Estimate April 2009.
32. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_TotalNotHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2011  
**Field Note:**  
Total served under Title V in the RMI.
33. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_TotalNotHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2011  
**Field Note:**  
RMI does not eligible for Title XIX under the Compact with the U.S.
34. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_TotalHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Hispanic or Latino  
**Year:** 2011  
**Field Note:**  
RMI does not eligible for Title XIX under the Compact with the U.S.
35. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_NotReported  
**Row Name:** Eligible for Title XIX  
**Column Name:** Ethnicity Not Reported  
**Year:** 2011  
**Field Note:**  
RMI does not eligible for Title XIX under the Compact with the U.S.
36. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_Mexican  
**Row Name:** Eligible for Title XIX

**Column Name:** Mexican

**Year:** 2011

**Field Note:**

RMI does not eligible for Title XIX under the Compact with the U.S.

**37. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_Cuban

**Row Name:** Eligible for Title XIX

**Column Name:** Cuban

**Year:** 2011

**Field Note:**

RMI does not eligible for Title XIX under the Compact with the U.S.

**38. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_PuertoRican

**Row Name:** Eligible for Title XIX

**Column Name:** Puerto Rican

**Year:** 2011

**Field Note:**

RMI does not eligible for Title XIX under the Compact with the U.S.

**39. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_CentralAmerican

**Row Name:** Eligible for Title XIX

**Column Name:** Central and South American

**Year:** 2011

**Field Note:**

RMI does not eligible for Title XIX under the Compact with the U.S.

**40. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_EthnicityOther

**Row Name:** Eligible for Title XIX

**Column Name:** Other and Unknown

**Year:** 2011

**Field Note:**

RMI does not eligible for Title XIX under the Compact with the U.S.

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: MH**

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number	_____	_____	_____	_____	_____
2. State MCH Toll-Free "Hotline" Name	_____	_____	_____	_____	_____
3. Name of Contact Person for State MCH "Hotline"	_____	_____	_____	_____	_____
4. Contact Person's Telephone Number	_____	_____	_____	_____	_____
5. Contact Person's Email	_____	_____	_____	_____	_____
6. Number of calls received on the State MCH "Hotline" this reporting period	_____0	_____0	_____0	_____0	_____0

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: MH**

	<b>FY 2011</b>	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(692)625/7588/455-8334</u>	<u>(692) 625-7588/455-8334</u>	<u>(692) 625-6941/4556941</u>	<u>(692) 625-6941/455-6941</u>	<u>(692) 625-6941</u>
2. State MCH Toll-Free "Hotline" Name	Hellen Jetnil-David	Hellen Jetnil-David	Hellen Jetnil	Hellen Jetnil	Hellen Jetnil
3. Name of Contact Person for State MCH "Hotline"	<u>Hellen Jetnil-David</u>	<u>Hellen Jetnil-David</u>	<u>Hellen Jetnil</u>	<u>Hellen Jetnil</u>	<u>Hellen Jetnil</u>
4. Contact Person's Telephone Number	<u>(692)625-7588/455-8334</u>	<u>Hellen Jetnil-David</u>	<u>Hellen Jetnil;</u>	<u>Hellen Jetnil</u>	<u>Hellen Jetnil</u>
5. Contact Person's Email	<u>davidh@ntamar.net</u>	<u>davidh@ntamar.net</u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form9\_Main

**Field Name:** calls\_2

**Row Name:** Number of calls received On the State MCH Hotline This reporting period

**Column Name:** FY

**Year:** 2009

**Field Note:**

RMI does not have MCH Hotline, however, the program communicate with clients, reside in the two centers, Majuro, Ebeye, using telephones, cell phones, fax and e-mail. For the outer islands, the program continues to use CB radios, or announcements on the air using the government's radio (V7AB).

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2011**  
*[SEC. 506(A)(1)]*  
**STATE: MH**

1. State MCH Administration:  
(max 2500 characters)

The Constitution of the Marshall Islands designates the Ministry of Health (MOH) as the "state" agency. The MOH is the only legislatively authorized agency that provides health care to the people of the Marshall Islands.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 252,495
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 189,372
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 441,867</b>

9. Most significant providers receiving MCH funds:

1 OBGYN, 1 Dental Assistant, 1 Health Educator,  
1 Counselor, 2 staff nurse currently receive  
salaries from Title V.  
One post to open for dental assistant. and CSHCN C

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	1,537
b. Infants < 1 year old	1,652
c. Children 1 to 22 years old	31,048
d. CSHCN	458
e. Others	0

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:  
(max 2500 characters)

Direct medical care and enabling services include clinical prenatal care and pap smears performed on pregnant women and of child bearing age women. In addition, STD Testing (HIV/AIDS, GC, Syphilis, Chlamydia) and immunization (MMR, Hep.B., HIB, OPV, and DPT) are also made available through the public health division that administers these programs. These are also medical and surgical services available for children with special health care needs (CSHCN).

b. Population-Based Services:  
(max 2500 characters)

In keeping with the Ministry of Health's objective to focus from curative to primary care, there has been renewed efforts to re-establish and strengthen population-based services. As a result, public health outreach programs, such as health education/awareness programs (in collaboration with Youth to Youth in Health) have been organized and implemented, and coordinated with other agencies, such as the Ministry of Education, Youth groups, Church Groups, and Women's groups. Services in immunization, dental care, health promotion, and the diabetes program are included in these programs.

c. Infrastructure Building Services:  
(max 2500 characters)

The Ministry has implemented a national database to centralize the health-related data. It is called Ministry of Health Integrated Information System composed of Vital Statistics, Hospital Information System, Public Health Information System, Medical Referral System and Management Information System. The Ministry expected that combined with the renewed emphasis on data management, the MHIIS will assist in improving the ministry data collection, dissemination, analysis, and reporting capabilities. This improvement will directly benefit the MCH and CSHCN population.

12. The primary Title V Program contact person:

Name	Justina R. Langidrik, MPH
Title	Secretary of Health
Address	P.O. Box 16
City	Majuro
State	Marshall Islands
Zip	96960
Phone	(692) 625-5660/7246
Fax	692) 625-3432

13. The children with special health care needs (CSHCN) contact person:

Name	Hellen Jetnil-David
Title	Director, MCH/CSHCN Program
Address	P.O. Box 16
City	Majuro
State	Marshall Islands
Zip	96960
Phone	692-625-6941/455-8334
Fax	692-625-3432

Email jusmohe@ntamar.net

Web

Email davidh@ntamar.net

Web

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: MH**

**Form Level Notes for Form 11**

In 2009, a questions survey concerning satisfaction for families of disabilities children conducted for those parents whose children/child have/has been indentified and confirmed by a physician. Results from these questions , 45% of parents were satisfied.

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

	<b>Annual Objective and Performance Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>15</u>
<b>Annual Indicator</b>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
<b>Numerator</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Denominator</b>	<u>1,650</u>	<u>1,578</u>	<u>1,591</u>	<u>1,526</u>	<u>1,517</u>
<b>Data Source</b>				Medical Record.	Medical Record
<b>Check this box if you cannot report the numerator because</b>					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
<small>(Explain data in a year note. See Guidance, Appendix IX.)</small>					
<b>Is the Data Provisional or Final?</b>				Final	Final

	<b>Annual Objective and Performance Data</b>				
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
RMI does not have Metabolic Newborn Screening Program due to inadquate avilability of faciitiies. However, bolld test for any newborn found to have problems or special conditions that place him/her on special condition and needs special blood test then blood test is sent off island (Honolulu) for testing.
- Section Number:** Form11\_Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
We don't have a newborn screening in place this year.
- Section Number:** Form11\_Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
RMI don't have newborn screening in placed.

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<b>Annual Objective and Performance Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>	<u>9</u>	<u>9</u>	<u>9</u>	<u>100</u>	<u>100</u>
<b>Annual Indicator</b>	<u>100.0</u>	<u>90.8</u>	<u>100.0</u>	<u>100.0</u>	<u>45.0</u>
<b>Numerator</b>	<u>395</u>	<u>395</u>	<u>445</u>	<u>461</u>	<u>206</u>
<b>Denominator</b>	<u>395</u>	<u>435</u>	<u>445</u>	<u>461</u>	<u>458</u>
<b>Data Source</b>				MCH program survey.	MCH program survey.
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Final

	<b>Annual Objective and Performance Data</b>				
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	<u>50</u>	<u>55</u>	<u>60</u>	<u>65</u>	<u>70</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2009**Field Note:**

Program Survey using questions type.

**2. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

Program short Survey.

**3. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

This is being by evaluating with short survey asking parents or caretaker is they are satisfied at what level.

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	45.0
Numerator	395	435	445	461	206
Denominator	395	435	445	461	458
Data Source				MCH program survey.	MCH program survey.
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	50	55	60	65	70
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2009**Field Note:**

Results from program survey.

**2. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Results from program survey.

**3. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Result from Program survey with questions.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<b>Annual Objective and Performance Data</b>					
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>	86	90	95	100	100
<b>Annual Indicator</b>	100.0	100.0	100.0	100.0	100.0
<b>Numerator</b>	395	435	445	461	458
<b>Denominator</b>	395	435	445	461	458
<b>Data Source</b>				MCH Program	MCH Program
<b>Check this box if you cannot report the numerator because</b> 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	100	100	100	100	100
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2009**Field Note:**

Results from program short survey.

**2. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

Results from program short survey.

**3. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Results from program survey/evaluation.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	85	90	95	100	100
Annual Indicator	100.0	100.0	100.0	100.0	45.0
Numerator	395	435	445	461	206
Denominator	395	435	445	461	458
Data Source				MCH program survey.	MCH program survey.
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	50	55	60	65	70
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

In 2009, the RMI collected information on NPM #05 by conducting a questions/survey to 458 parents and out of this number, 206 (45%) of the total parents satisfied with the existing service for their children. The RMI continues to seek other possible ways to improve its service to children and families with disabilities by doing more outreach or home visits to follow up with families to identify their needs.

2. **Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

CSHCN survey.

3. **Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

CSHCN survey.

# **PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

## **Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	9	91	91	93	95
Annual Indicator	83.5	94.3	54.2	60.7	61.1
Numerator	330	410	241	280	280
Denominator	395	435	445	461	458
Data Source				MCH program survey.	MCH program survey.
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

## **Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	65	70	75	80	85
Annual Indicator					
Numerator					
Denominator					

### **Field Level Notes**

None

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	60	65	73	95	95
Annual Indicator	61.0	72.0	82.0	88.1	89.0
Numerator	925	1,152	1,649	1,728	1,621
Denominator	1,516	1,600	2,010	1,961	1,821

**Data Source**Immunization  
LogbookNational  
Immunization  
Program

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Provisional

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

None

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	95	46
Annual Indicator	47.4	33.8	44.9	39.5	28.8
Numerator	93	71	92	79	52
Denominator	1,961	2,100	2,050	2,000	1,803
Data Source	Health Planning.				Office of Health Planning & Statistics, MOH
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?	Provisional				Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	28	28	26	26	24
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data for 15-17 years old female population came from EPPSO's Population Estimate of April 2009.

2. **Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Denominator is estimated based on the 15-19 years old population from Economic Policy, Planning, and Statistics Office (EPPSO). EPPSO don't have single age population. Population for 15-19 years old is 3,083.

3. **Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Denominator is estimated based on the 15-19 years old population from Economic Policy, Planning, and Statistics Office (EPPSO). EPPSO don't have single age population. Population for 15-19 years old is 3,189.

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	80	80	85	90	85
Annual Indicator	77.9	82.6	64.2	85.3	68.4
Numerator	1,643	1,743	1,355	1,800	512
Denominator	2,110	2,110	2,110	2,110	748

**Data Source**

MOH

Dental Program

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	70	75	80	85	85
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**1. **Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2009**Field Note:**

We don't have dental hygienist in Ebeye in FY 2009, so school dental services was provided by limited staff in staff so it was a challenge for Ebeye staff, plan to increase trained dental staff for is currently in place. Also, we encountered problems in our local airline. Most of the time, flights were cancelled due to airplane problem so dental services to outer islands slowed down in 2009 and due to transportation problem, NPM #09 was slightly lower than 2008, but this covered the RMI data.

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	9	9	9	8	9
Annual Indicator	13.6	4.7	18.5	9.2	8.9
Numerator	3	1	4	2	2
Denominator	22,128	21,361	21,597	21,839	22,582

**Data Source**

Medical Record.

Health Planning  
Office

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Final

Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	8	8	7	7	6
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

None

**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective		70	75	98	98
Annual Indicator	99.5	97.1	91.9	93.1	92.3
Numerator	1,093	2,009	1,644	1,608	1,781
Denominator	1,099	2,069	1,788	1,727	1,930

**Data Source**

Nutrition Program Nutrition Program

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)***Is the Data Provisional or Final?**

Provisional Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	93	94	95	96	97
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

None

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	20	25	30	35	35
Annual Indicator	16.1	0.0	0.0	0.0	0.0
Numerator	261	0	0	0	0
Denominator	1,625	1,579	1,591	1,526	1,517

**Data Source**

Medical Record.

MCH

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Yes

Yes

Yes

Provisional

Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	40	45	50	55	60
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12**Row Name:****Column Name:****Year:** 2009**Field Note:**

RMI don't have newborn hearing screening test in 2009. We just started our newborn hearing screening in May 2010. However, after the starting of the newborn health screening program in late May 2010 and July 15, 2010, there was 64 Majuro Hospital births that only 55 of the births occurred in this period were screened for hearing problem. More data and information will be provided with FY 2011 reporting cycle.

2. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

RMI don't have newborn screening test.

3. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

RMI don't have newborn screening test.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	100	100	2
Annual Indicator	100.0	2.0	2.0	2.0	1.9
Numerator	22,128	500	500	500	500
Denominator	22,128	25,100	25,050	25,000	26,259

**Data Source**

Health Planning.

Health Planning

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Provisional

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2009**Field Note:**

In April 2009, the Economic Planning and Statistics Office released Population Estimate which is categorized in single age. 500 children of non-Marshallese reside in RMI. The RMI Universal Insurance Policy, all Marshallese are covered under this policy. However, this policy does not cover out-patient care, including medication costs, that means, it covers for all medical cost if a person is being referred out of island for medical treatment or care and has approved under the MOH Referral Guideline (if services/care/treatment is not available on island).

2. **Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Number of children whose age is less than 18 years old is estimated based on population for ages 0-19 years old. EPPSO, our planning and statistics office, can't give us specific data per age.

3. **Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Number of children whose age is less than 18 years old is estimated based on population for ages 0-19 years old. EPPSO, our planning and statistics office, can't give us specific data per age.

**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		0	10	15	0
Annual Indicator	0.0	4.2	0.0		
Numerator	0	250	0	0	0
Denominator	5,993	5,993	5,993		
Data Source				.	
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?			Yes	Yes	Yes
				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2009**Field Note:**

Under the Compact with the U.S.A., RMI does not eligible for WIC, therefore RMI report 0 for this NPM.

**2. Section Number:** Form11\_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2008**Field Note:**

RMI don't have WIC services.

**3. Section Number:** Form11\_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2007**Field Note:**

RMI don't have WIC services.

**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective			100	2	2
Annual Indicator		2.5	2.5	2.6	2.7
Numerator		40	40	40	41
Denominator		1,578	1,591	1,526	1,517
Data Source				Medical Records	MCH

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #15

**Field Name:** PM15

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

In the last three months of pregnancy, data is being collected as part of the prenatal interview, so based on results from data collected, it was estimated that less than 3% still smoke at this stage. Counseling on dangerous of smoking on both mother and her baby is provided for mother throughout her pregnancy and also at postpartum (6 weeks after delivery).

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	9	9	8	200	20
Annual Indicator	46.8	29.3	15.2	31.7	65.0
Numerator	3	2	1	2	4
Denominator	6,409	6,837	6,568	6,319	6,152

**Data Source**

Health Planning.

Health Planning

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Yes

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	20	20	20	20	20
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

RMI data shown here is based on per/1,000 total population 15-19 years old since RMI population in this age group is less than 10,000 as indicated in this NPM. RMI reported that only 4 suicide ages 15-19 were completed in 2009.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	1	1
Annual Indicator	0.6	0.0	0.0	0.0	58.8
Numerator	10	0	0	0	10
Denominator	1,650	14	12	18	17
Data Source				Health Planning.	Office of Health Planning & Statistics, MOH
Do not report the numerator because there were fewer than 5 events over the last year, and the 3-year moving average cannot be applied.					
Do not report the numerator because there were fewer than 5 events over the last year, and the 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	60	65	70	75	80
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**1. **Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2009**Field Note:**

RMI considered the two Unban Center of Majuro and Ebeye high risk facility. These unban centers are better equipments, trained staff, to provide high risk deliveries, and they are also considered, high risk facility. In 2009 on 17 babies were considered Very Low Births and 10 of this number (17) delivered at high risk facility.

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	45	50	55	80	75
Annual Indicator	18.7	98.5	79.9	70.5	63.3
Numerator	309	1,555	1,272	1,076	961
Denominator	1,650	1,578	1,591	1,526	1,517
Data Source				Health Planning.	Office of Health Planning & Statistics, MOH
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	65	70	75	80	85
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**1. **Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2009**Field Note:**

The % of 1st visit was slightly lower in 2009 this maybe due to births decreasing and pregnancy women migrating out off the country.



**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: MH**

**Form Level Notes for Form 11**

In 2009, a questions survey concerning satisfaction for families of disabilities children conducted for those parents whose children/child have/has been indentified and confirmed by a physician. Results from these questions , 45% of parents were satisfied.

**STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR**

Percentage of mothers who receive nutrition and family planning counseling during prenatal care

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		100	100	100	75
Annual Indicator	92.1	98.5	79.9	70.5	100.0
Numerator	1,520	1,555	1,272	1,076	1,537
Denominator	1,650	1,578	1,591	1,526	1,537
Data Source				RH Clinics	RH Clinics
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	80	85	90	95	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR**

The birth rate(per 1,000) for teenagers age 15-17

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		20	15	10	40
Annual Indicator	47.4	33.8	44.9	39.3	28.8
Numerator	93	71	92	79	52
Denominator	1,961	2,100	2,050	2,010	1,803
Data Source				Health Planning.	Office of Health Planning & Statistics, MOH
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	40	38	38	36	
Annual Indicator					
Numerator					
Denominator					

Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2009**Field Note:**

Improvement has shown with better data collection that mannulay recorded from clinics sites. Data has shown that teenage pregnancy has decreased in 2009 in contrast to 2008. With correct reporting age group 15-17 as teen pregnancy, data result from just this age group.

**2. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

Denominator is estimated based on the 15-19 years old population from Economic Policy, Planning, and Statistics Office (EPPSO). EPPSO don't have single age population. Population for 15-19 years old is 3,083.

**3. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Denominator is estimated based on the 15-19 years old population from Economic Policy, Planning, and Statistics Office (EPPSO). EPPSO don't have single age population. Population for 15-19 years old is 3,189.

**STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR**

The Percentage of pregnant women who receive prenatal care during the first trimester.

<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008
Annual Performance Objective			70	73
Annual Indicator	18.7	98.5	79.9	70.5
Numerator	309	1,555	1,272	1,076
Denominator	1,650	1,578	1,591	1,526
Data Source				Health Planning.
Is the Data Provisional or Final?				Final

Office of Health  
Planning &  
Statistics, MOH  
Final

<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013
Annual Performance Objective	80	85	90	95
Annual Indicator				
Numerator				
Denominator				

Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #3

**Field Name:** SM3

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

In 2009, RMI 1st visit entry was slightly decreased in compare to 2008, and it is believed that was due to births decreased and childbearing mothers migrating out of the county to other palces.

**STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR**

The percentage of high risk pregnant women who are identified and are referred to special prenatal services

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective		100	95	90	85
Annual Indicator	12.8	9.1	15.4	13.1	100.0
Numerator	145	144	245	200	235
Denominator	1,136	1,578	1,591	1,526	235
Data Source				Health Planning.	Office of Health Planning & Statistics, MOH
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	80	80	80	75	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2009**Field Note:**

The 235 pregnant women identified in 2009 were placed into high risk special care, monitored, until delivery, and followed-up.

**2. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

There is different notice in data here since it is focused only on Majuro clinics.

**STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR**

The number of women who are screened for cervical cancer.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective		100	100	100	30
Annual Indicator	96.7	17.1	9.9	20.2	20.7
Numerator	1,596	1,970	1,153	2,351	2,624
Denominator	1,650	11,547	11,594	11,642	12,685
Data Source				Health Planning.	Office of Health Planning & Statistics, MOH
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	35	40	45	50	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2009**Field Note:**

The denominator is women ages 15-49 years old from the EPPSO Population Estimates, April 2009

**STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR**

Proportion of children who are identified and referred to the Children with Special Health Care Needs program

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective			100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	395	435	445	461	104
Denominator	395	435	445	461	104
Data Source				MCH program survey.	MCH Program
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	100	100	100	100	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes**1. **Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2009**Field Note:**

There were 104 cases that were referred to CSHCN Program and all of them were confirmed to the program.

**STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective		80	85	85	90
Annual Indicator	77.9	82.6	82.6	85.3	68.4
Numerator	1,643	1,743	1,743	1,800	512
Denominator	2,110	2,110	2,110	2,110	748
Data Source				MOH	Dental Program
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	90	90	90	90	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #7

**Field Name:** SM7**Row Name:****Column Name:****Year:** 2009**Field Note:**

We don't have dental hygienist in Ebeye in FY 2009. There was slightly decreased numbers of students during this period, because there was time services slowed down while waiting for dental supplies to arrived. We hope to bring up the number of school children this year. The graders received dental sealant were 1, 2, & 5, and 6 graders.



**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]  
**STATE: MH**

**Form Level Notes for Form 12**

None

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	<u>25</u>	<u>25</u>	<u>25</u>	<u>25</u>	<u>25</u>
Annual Indicator	<u>20.0</u>	<u>24.1</u>	<u>32.1</u>	<u>30.8</u>	<u>25.7</u>
Numerator	<u>33</u>	<u>38</u>	<u>51</u>	<u>47</u>	<u>39</u>
Denominator	<u>1,650</u>	<u>1,578</u>	<u>1,591</u>	<u>1,526</u>	<u>1,517</u>

Data Source

Ministry of Health's  
Statistics Office

Office of Health  
Planning &  
Statistics, MOH

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	<u>26</u>	<u>24</u>	<u>22</u>	<u>20</u>	<u>20</u>

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	0
Annual Indicator		0.0	0.0	0.0	0.0
Numerator		0	0	0	0
Denominator		1,578	1,591	1,526	1,517

Data Source

Ministry of Health's  
Statistics OfficeOffice of Health  
Planning &  
Statistics, MOH

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	8	9	9	9	9
Annual Indicator	14.5	13.3	9.4	9.8	12.5
Numerator	24	21	15	15	19
Denominator	1,650	1,578	1,591	1,526	1,517

**Data Source**Ministry of Health's  
Statistics OfficeOffice of Health  
Planning &  
Statistics, MOH

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Final

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	12	12	11	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	6	6	6	6	20
Annual Indicator	5.5	10.8	22.6	21.0	15.2
Numerator	9	17	36	32	23
Denominator	1,650	1,578	1,591	1,526	1,517

**Data Source**Ministry of Health's  
Statistics OfficeOffice of Health  
Planning &  
Statistics, MOH

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	15	15	14	14	13
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

- 1.
- Section Number:**
- Form12\_Outcome Measure 4

**Field Name:** OM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numbers of infant death was compiled by adding all the reported infant death in all the atolls of RMI. But a number of infant death was not registered as of this time. The Office of Health Planning and Statistics at don't have the details on the specific month of age. Registration is still on going.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	20	19	19	25	15
Annual Indicator	15.2	23.1	16.2	11.1	21.6
Numerator	25	37	26	17	33
Denominator	1,650	1,604	1,604	1,531	1,531

**Data Source**Ministry of Health's  
Statistics OfficeHealth Planning  
Office

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Yes

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	20	15	15	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	20	20	20	100	50
Annual Indicator	92.8	101.1	105.0	68.9	100.3
Numerator	19	20	21	14	21
Denominator	20,478	19,783	20,006	20,313	20,930

**Data Source**

Ministry of Health's  
Statistics Office

Health Planning  
Office

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	90	80	70	60	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Denominator was derived from the 0-14 years old population from EPPSO. The number of live births for the year was deducted from 01-4 years old population data. For 2008, the 0-14 years old have 21,839 population.

2. **Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Denominator was derived from the 0-14 years old population from EPPSO. The number of live births for the year was deducted from 01-4 years old population data. For 2007, the 0-14 years old have 21,597 population.



**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
*[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]*  
**STATE: MH**

**Form Level Notes for Form 12**

None

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: MH**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

1

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

1

6. Family members of diverse cultures are involved in all of the above activities.

2

**Total Score:** 12

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

None

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

*[Sec. 505(a)(5)]*

**STATE: MH FY: 2011**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To reduce barriers to the delivery of care to pregnant women.
2. To reduce infant mortality rate.
3. To reduce the rate of sexually transmitted diseases amount women of child bearing age.
4. To increase access to preventive services for women who are at risk for cancer.
5. To improve accessibility to 0-21 years old CSHCN and their families.
6. To reduce infant morbidity rate.
7. To increase family planning users.
- 8.
- 9.
- 10.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: MH

APPLICATION YEAR: 2011

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>State Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>8</u>	Development of good CSHCN data system.	To explore more in depth on how their CSHCN system works for them and how we can strengthen our in th RMI.	Republic of Palau. RMI suggest Ms. Berry Waston Moon
2.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>12</u>	Newborn Hearing Screening Porject Monitoring/tracking/evaluation system.	RMI would to seek further assistance in trying to improve our system, including data base system	Republic pf Palau. RMI suggest same person as stated for SPM #1
3.	<b>Data-related Issues - Needs Assessment</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	TA is requested here to assist with the RMI Needs Assessment on additional information/data needs to be added in the needs assessment.	It has been recommended during the RMI Block Grant review in Honolu in 2010 that there is more data/information to be added to the needs assessment.	TA from DSCH amd Regional Office is needed.
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this			

	issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: MH**

SP(Reporting Year) # 1

**PERFORMANCE MEASURE:**

Percentage of mothers who receive nutrition and family planning counseling during prenatal care

**STATUS:**

Active

**GOAL**

Increase to 90% mothers who receive nutriton and family planning counselling during prenatal care visits

**DEFINITION**

**Numerator:**

Total number of mothers who receive nutrition and family planning counseling during prenatal care visits

**Denominator:**

Total number of mothers who attend prenatal care clinics

**Units:** 100   **Text:** percentage

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

MCH Program, Outpatient prenatal care visits, Medical Records, HMIS

**SIGNIFICANCE**

Child hood malnutrition has been increasing in recent years. In addition, unplanned pregnancies have been increasingly reported. As a result, the MCH program has implemented a protocol in which mothers who attend prenatal clinics are given information and counselling on nutrition and family planning and their effects on their lives and the lives of their children.

SP(Reporting Year) # 2

**PERFORMANCE MEASURE:**

The birth rate(per 1,000) for teenagers age 15-17

**STATUS:**

Active

**GOAL**

To lower the birth rate among teenagers, especially those age 15 through 17 years.

**DEFINITION**

**Numerator:**

Number of live birth to teenagers aged 15-17 in the calender year.

**Denominator:**

Number of females aged 15-17 years int he calender year.

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 9-7

Reduce pregnancies among females aged 15-17 to no more than 10 per 1,000 females aged 15-17 years. Based line: 17 pregnancies per 1,000 females aged 15-17 years in 2004.

**DATA SOURCES AND DATA ISSUES**

Vital records are the source of data on mother's age and births. Population records are available from the Census.

**SIGNIFICANCE**

The country is making lowering the rate of teen pregnancies(a major threat to healthy and productive lives) a peiority goal in its strategic plan. Teen parenting is asociated with the lack of high school completion and initiating a cycle of poverty for mothers

SP(Reporting Year) # 3

**PERFORMANCE MEASURE:**

The Percentage of pregnant women who receive prenatal care during the first trimester.

**STATUS:**

Active

**GOAL**

To ensure early entrance into prenatal care to enhance pregnancy outcome.

**DEFINITION**

**Numerator:**

Number of live births with reported first prenatal visit during the first trimester (before 13 weeks = gestation) in the calendar year.

**Denominator:**

Number of live births in the State in the calendar year.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-16a: Increase proportion of pregnant women who receive early and adequate prenatal care beginning in the first trimester of pregnancy to 85 percent. (Baseline 32 percent in 2004.)

**DATA SOURCES AND DATA ISSUES**

Birth certificate data and the State vital records are available for over 99% of birth.

**SIGNIFICANCE**

Early identification of maternal disease and risks for complications of pregnancy or birth are the primary reason for first trimester entry into prenatal care. This can help ensure that women with complex problems and women with chronic illness or other risks are seen by specialists. Early high-quality prenatal care is critical to improving pregnancy outcomes.

SP(Reporting Year) # 4

**PERFORMANCE MEASURE:**

The percentage of high risk pregnant women who are identified and are referred to special prenatal services

**STATUS:**

Active

**GOAL**

To identify expectant mothers who are at high risk for complications that could endanger their lives and their babies during their pregnancy or delivery.

**DEFINITION**

**Numerator:**

Total number of identified high risk women who are referred

**Denominator:**

The total number of high risk women who are identified

**Units:** 100 **Text:** per centage

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

MCH Program, Medical Records, HMIS

**SIGNIFICANCE**

The MCH program has seen an increasing number of pregnant women during prenatal visits who are at high risk for complications during their pregnancy or delivery. These high risks include expectant mothers being identified as anemic, diabetic, or hypertensive.

SP(Reporting Year) # 5

**PERFORMANCE MEASURE:**

The number of women who are screened for cervical cancer.

**STATUS:**

Active

**GOAL**

To increase the number of women who receives Pap smear screening so that those who need treatment and subsequent follow-up can be identified

**DEFINITION**

**Numerator:**

The total number of women who receive Pap smear screening

**Denominator:**

The total number of women who needs a Pap smear

**Units:** 100 **Text:** per centage

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

MCH Program, Family Planning, Outpatient data, HMIS, Medical Records

**SIGNIFICANCE**

With the increasing number of reproductive cancers seen in women in the Marshall Islands, Pap smear screens provide the best method of identifying those women who may have the early signs of cancer. Early detection will go a long way to reducing the number of deaths due to reproductive cancers.

SP(Reporting Year) # <u>6</u>	
<b>PERFORMANCE MEASURE:</b>	Proportion of children who are identified and referred to the Children with Special Health Care Needs program
<b>STATUS:</b>	Active
<b>GOAL</b>	To increase the number of children who are identified to need special health care needs to be referred to the Children with Special Health Care Needs program
<b>DEFINITION</b>	<b>Numerator:</b> Total number of children identified as needing special health care needs who were referred to the CSHCN program <b>Denominator:</b> Total number of children identified with abnormalities needing special health care <b>Units:</b> 100 <b>Text:</b> percentage
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	
<b>DATA SOURCES AND DATA ISSUES</b>	CSHCN Program, Maternity Logs, Nursing Log, HMIS
<b>SIGNIFICANCE</b>	The Marshall Islands is in the process of developing a protocol on screening all infants born in the Ministry's health facilities and a mechanism to screen children in the urban centers and outer island communities

**PERFORMANCE MEASURE:**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

**STATUS:**

Active

**GOAL**

To prevent pit and fissure tooth decay (dental caries).

**DEFINITION**

**Numerator:**

Number of third grade children who have a protective sealant on at least one permanent molar tooth.

**Denominator:**

Number of third grade children in the State during the year.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

21.8

Increase the proportion of children who have received dental sealants on their molar teeth to 50 percent. Baseline: will provide next cycle.

**DATA SOURCES AND DATA ISSUES**

This requires primary data collection, such as examination or screening of a representative sample of school children. Existing will be re-examed for baseline.

**SIGNIFICANCE**

Dental caries affects two-third of children by the time they are 15 years of age. Developmental irregularities, called pit and fissures, are the sites of 80-90% of childhood caries. Sealants selectively protect these vulnerable sites, which are found mostly in permanent molar teeth. Targeting sealants to those at greater risk for caries has been shown to increase their cost-effectiveness. Although sealants have the potential to combine with fluorides to prevent almost all childhood tooth decay, they have been underutilized. In addition to being an excellent service in preventing tooth decay, sealants may also be a surrogate indicator of dental access, oral health promotion and preventive activities, and a suitable means to assess the linkages that exist between the public and private services delivery system. public managed sealant programs are usually school-based or school-linked and target under served children, thus providing occasions that dental sealants are the oral health equivalent of immunization.

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: MH**

**Form Level Notes for Form 17**

RMI does not have SSI. However, it is estimated that 100 children under the age of 16 received some sort of care related to SSI.

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>239.3</u>	<u>181.1</u>	<u>123.2</u>	<u>83.9</u>	<u>206.0</u>
<b>Numerator</b>	<u>213</u>	<u>136</u>	<u>94</u>	<u>65</u>	<u>131</u>
<b>Denominator</b>	<u>8,900</u>	<u>7,508</u>	<u>7,632</u>	<u>7,748</u>	<u>6,359</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Provisional

Provisional

**Field Level Notes**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
<b>Numerator</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Denominator</b>	<u>1,650</u>	<u>1,578</u>	<u>1,591</u>	<u>1,526</u>	<u>1,652</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Not applicable to the RMI since RMI don't have Medicaid.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Not applicable to the RMI since RMI does not have Medicaid.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Not applicable to the RMI since RMI does not have Medicaid.

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
<b>Numerator</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Denominator</b>	<u>1,650</u>	<u>1,578</u>	<u>1,591</u>	<u>1,526</u>	<u>1,652</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

RMI doesn't have SCHIP. Denominator is based on less than 1 year old population from EPSSO Population Estimate of April 2009.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

RMI doesn't have SCHIP.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

RMI don't have SCHIP.

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>18.4</u>	<u>94.6</u>	<u>75.1</u>	<u>70.5</u>	<u>97.0</u>
<b>Numerator</b>	<u>302</u>	<u>1,555</u>	<u>1,188</u>	<u>1,076</u>	<u>1,388</u>
<b>Denominator</b>	<u>1,643</u>	<u>1,644</u>	<u>1,581</u>	<u>1,526</u>	<u>1,431</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSC04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>38.1</u>	<u>0.0</u>
<b>Numerator</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>11,374</u>	<u>0</u>
<b>Denominator</b>	<u>23,906</u>	<u>29,800</u>	<u>29,900</u>	<u>29,816</u>	<u>20,930</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

**Field Level Notes****1. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2009**Field Note:**

RMI don't have Medicaid Program.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

RMI don't have Medicaid Program. After we submitted the grant, EPPSO submitted single age population for 2008. So for the year 2008, we are going to use this data.

The numerator is based on the first visit of children in Outpatient Services in Majuro Hospital and Ebeye Hospital.

For the Health Centers in the Outer Islands, the data are submitted monthly. We didn't include it at this time because the data for Majuro and Ebeye are computed yearly. We will work on our data uniform collection on the next year assessment.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

RMI don't have Medicaid Program. Number of children age 1 to 21 years old is estimated based on population for ages 0-24 years old. EPPSO, our planning and statistics office, can't give us specific data per age.

**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
<b>Numerator</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Denominator</b>	<u>7,619</u>	<u>7,100</u>	<u>7,000</u>	<u>6,005</u>	<u>5,880</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

RMI don't have Medicaid Program.

- Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

RMI don't have EPSDT. For the denominator, EPPSO (our national population and planning office) don't have the population by single age. We have population data for ages 5-9. So for the age 6 to 9 years old, we estimated it based on the 5-9 years old data.

- Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

RMI don't have EPSDT. For the denominator, EPPSO (our national population and planning office) don't have the population by single age. We have population data for ages 5-9. So for the age 6 to 9 years old, we estimated it based on the 5-9 years old data.

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.3</u>
<b>Numerator</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>100</u>
<b>Denominator</b>	<u>1,625</u>	<u>25,498</u>	<u>25,264</u>	<u>25,000</u>	<u>28,734</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

RMI don't have EPSDT. For the denominator, EPPSO (our national population and planning office) don't have the population by single age. We have population data for ages 0-19. So for the age 0 to 16 years old, we estimated it based on the 0-19 years old data.

- Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

RMI don't have EPSDT. For the denominator, EPPSO (our national population and planning office) don't have the population by single age. We have population data for ages 0-19. So for the age 0 to 16 years old, we estimated it based on the 0-19 years old data.



**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: MH**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2009	Other	<u>0</u>	<u>100</u>	<u>100</u>
b) <i>Infant deaths per 1,000 live births</i>	2009	Other	<u>0</u>	<u>28</u>	<u>28</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2009	Other	<u>0</u>	<u>40</u>	<u>40</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2009	Other	<u>0</u>	<u>97</u>	<u>97</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
**STATE: MH**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID</b> (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2009	<div style="text-align: right;">150</div>
b) <i>Medicaid Children</i> (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">1</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">4</div> ) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">5</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">10</div> ) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">11</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">18</div> )	2009	<div style="text-align: right;">150</div> <div style="text-align: right;">150</div> <div style="text-align: right;">150</div>
c) <i>Pregnant Women</i>	2009	<div style="text-align: right;">150</div>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
**STATE: MH**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2009	100
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>10</u> ) (Age range <u>11</u> to <u>18</u> ) (Age range <u>19</u> to <u>22</u> )	2009	100 100 100
c) <i>Pregnant Women</i>	2009	100

## FORM NOTES FOR FORM 18

RMI does not eligible for Medicaid.

### FIELD LEVEL NOTES

1. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
FY 2009,the total number of registered of deliveries in the country was1,517.
2. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Children  
**Row Name:** Medicaid Children  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
RMI does not have Medicate. However, date shown on Indicator 06 is an estimation.
3. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
During FY 2009, 1,517 registered deliveries in the country.
4. **Section Number:** Form18\_Indicator 05  
**Field Name:** LowBirthWeight  
**Row Name:** Percent of ow birth weight (<2,500 grams)  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
There are 214 low birth weight newborns in FY 2009. We don't have Medicaid in RMI. Data came from the Office of Health Planning and Statistics.
5. **Section Number:** Form18\_Indicator 05  
**Field Name:** InfantDeath  
**Row Name:** Infant deaths per 1,000 live births  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data came from the Office of Health Planning and Statistics.
6. **Section Number:** Form18\_Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data came from the MCH program.
7. **Section Number:** Form18\_Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data came from MCH Program.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: MH**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

<b>DATABASES OR SURVEYS</b>	<b>Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *</b>	<b>Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)</b>
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	2	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	2	Yes
Annual birth defects surveillance system	2	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

\*Where:  
1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: MH**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	2	Yes
Other:		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

<b>Notes:</b>
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

None

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: MH**

**Form Level Notes for Form 20**

None

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2005	2006	2007	2008	2009
Annual Indicator	13.2	13.0	12.9	13.8	14.1
Numerator	214	205	206	210	214
Denominator	1,625	1,578	1,591	1,526	1,517

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

The % of live births less than 2,500 gms. is slightly increased in 2009 in contrast to 2008 which was 13.8. It is believed that it was due to life style concerning diet. People seemed to eat more imported foods from outside the country rather than eat our own local foods. The program has put more effort in coordination with the MOH health educators to provide more information through media regarding nutrition in different kinds of foods/healthy foods to eat. Young mothers have also contributed to this VLBW babies that staff has been providing educational and information on Reproductive Health in the community.

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	12.6	12.7	12.8	13.0	13.6
Numerator	204	200	204	199	207
Denominator	1,625	1,578	1,591	1,526	1,517
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

**Field Level Notes**1. **Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Please, refer to HSI 01A Notes.

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	1.7	0.9	0.8	1.2	1.1
Numerator	28	14	12	18	17
Denominator	1,650	1,578	1,591	1,526	1,517

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #02A

**Field Name:** HSI02A

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

In 2009, % of live births and singleton births less than 1,500 gms. was slightly lower than 2008.

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	1.7	0.8	0.7	0.9	1.0
Numerator	28	12	11	14	15
Denominator	1,650	1,578	1,591	1,526	1,517
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

**Field Level Notes**1. **Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Refer to HSI # 02A Notes.

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	9.5	4.7	23.2	18.3	22.1
Numerator	2	1	5	4	5
Denominator	21,161	21,361	21,597	21,839	22,582
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

In 2009, death rates (0-14) was slightly increased, it was believed that it was due children unattended by parents and steps have taken place in better coordination with our social workers.

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>9.5</u>	<u>4.7</u>	<u>18.5</u>	<u>9.2</u>	<u>8.9</u>
<b>Numerator</b>	<u>2</u>	<u>1</u>	<u>4</u>	<u>2</u>	<u>2</u>
<b>Denominator</b>	<u>21,161</u>	<u>21,361</u>	<u>21,597</u>	<u>21,839</u>	<u>22,582</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Refer to HSI 04A Notes.

2. **Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The denominator for FY 2007 is slightly lower than 2006 because of the new RMI total population figure.

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>7.8</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
<b>Numerator</b>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Denominator</b>	<u>12,800</u>	<u>12,783</u>	<u>12,761</u>	<u>12,681</u>	<u>12,522</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Final

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

		<b>Annual Indicator Data</b>			
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>94.3</u>	<u>112.4</u>	<u>217.6</u>	<u>64.1</u>	<u>22.1</u>
<b>Numerator</b>	<u>20</u>	<u>24</u>	<u>47</u>	<u>14</u>	<u>5</u>
<b>Denominator</b>	<u>21,200</u>	<u>21,361</u>	<u>21,597</u>	<u>21,839</u>	<u>22,582</u>
<b>Check this box if you cannot report the numerator because</b>					
<b>1. There are fewer than 5 events over the last year, and</b>					
<b>2. The average number of events over the last 3 years is fewer</b>					
<b>than 5 and therefore a 3-year moving average cannot be</b>					
<b>applied.</b>					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Final

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>18.9</u>	<u>18.7</u>	<u>23.2</u>	<u>13.7</u>	<u>17.7</u>
<b>Numerator</b>	<u>4</u>	<u>4</u>	<u>5</u>	<u>3</u>	<u>4</u>
<b>Denominator</b>	<u>21,200</u>	<u>21,361</u>	<u>21,597</u>	<u>21,839</u>	<u>22,582</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data 2006.

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>23.4</u>	<u>39.1</u>	<u>15.7</u>	<u>15.8</u>	<u>16.0</u>
<b>Numerator</b>	<u>3</u>	<u>5</u>	<u>2</u>	<u>2</u>	<u>2</u>
<b>Denominator</b>	<u>12,802</u>	<u>12,783</u>	<u>12,762</u>	<u>12,681</u>	<u>12,522</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Please, refer to HSI #4A & B Notes.

2. **Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Based on 2006.

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>169.2</u>	<u>13.0</u>	<u>2.8</u>	<u>5.8</u>	<u>4.7</u>
<b>Numerator</b>	<u>44</u>	<u>43</u>	<u>9</u>	<u>18</u>	<u>14</u>
<b>Denominator</b>	<u>260</u>	<u>3,304</u>	<u>3,189</u>	<u>3,083</u>	<u>3,008</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

In 2009 for age groups 15-19, data has shown that the rate is lower than in 2008. The program has taken steps for better coordination and collaboration with Youth to Youth In Health Program, as well as with other Youth Groups, such as Churches, other government sectors.

2. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Test is available in Majuro Hospital only.

3. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Test is available in Majuro Hospital only.

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>144.9</u>	<u>12.3</u>	<u>2.4</u>	<u>4.6</u>	<u>7.6</u>
<b>Numerator</b>	<u>51</u>	<u>101</u>	<u>20</u>	<u>39</u>	<u>66</u>
<b>Denominator</b>	<u>352</u>	<u>8,242</u>	<u>8,405</u>	<u>8,559</u>	<u>8,665</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Rates of Chlamydia was found to be higher among 20-44 years old, this was believed to have something with individual behavior. The program has begun more coordination with Family Life Program to provide information to the population through Churches, Women's Organizations, and provide counseling in our regular clinics for both male and female.

2. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Test is available in Majuro Hospital only,

3. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Testing is available in Majuro Hospital only.



**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MH**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2009    Is this data from a State Projection? Yes    Is this data final or provisional? Final

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	3,285	0	0	0	0	3,285	0	0
Children 1 through 4	6,359	0	0	0	0	6,359	0	0
Children 5 through 9	7,371	0	0	0	0	7,371	0	0
Children 10 through 14	7,200	0	0	0	0	7,200	0	0
Children 15 through 19	6,152	0	0	0	0	6,152	0	0
Children 20 through 24	6,370	0	0	0	0	6,370	0	0
Children 0 through 24	36,737	0	0	0	0	36,737	0	0

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	3,285	0	0
Children 1 through 4	6,359	0	0
Children 5 through 9	7,371	0	0
Children 10 through 14	7,200	0	0
Children 15 through 19	6,152	0	0
Children 20 through 24	6,370	0	0
Children 0 through 24	36,737	0	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MH**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2009    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	5	0	0	0	0	5	0	0
Women 15 through 17	52	0	0	0	0	52	0	0
Women 18 through 19	165	0	0	0	0	165	0	0
Women 20 through 34	1,104	0	0	0	0	1,104	0	0
Women 35 or older	191	0	0	0	0	191	0	0
Women of all ages	1,517	0	0	0	0	1,517	0	0

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	5	0	0
Women 15 through 17	52	0	0
Women 18 through 19	165	0	0
Women 20 through 34	1,104	0	0
Women 35 or older	191	0	0
Women of all ages	1,517	0	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MH**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2009    Is this data from a State Projection? Yes    Is this data final or provisional? Final

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	49	0	0	0	0	49	0	0
Children 1 through 4	14	0	0	0	0	14	0	0
Children 5 through 9	4	0	0	0	0	4	0	0
Children 10 through 14	6	0	0	0	0	6	0	0
Children 15 through 19	7	0	0	0	0	7	0	0
Children 20 through 24	12	0	0	0	0	12	0	0
Children 0 through 24	92	0	0	0	0	92	0	0

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	49	0	0
Children 1 through 4	14	0	0
Children 5 through 9	4	0	0
Children 10 through 14	6	0	0
Children 15 through 19	7	0	0
Children 20 through 24	12	0	0
Children 0 through 24	92	0	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MH**

**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	28,734	0	0	0	0	28,734	0	0	2009
Percent in household headed by single parent	16.0	0.0	0.0	0.0	0.0	16.0	0.0	0.0	2006
Percent in TANF (Grant) families	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2009
Number enrolled in Medicaid	0	0	0	0	0	0	0	0	2009
Number enrolled in SCHIP	0	0	0	0	0	0	0	0	2009
Number living in foster home care	0	0	0	0	0	0	0	0	2009
Number enrolled in food stamp program	0	0	0	0	0	0	0	0	2009
Number enrolled in WIC	0	0	0	0	0	0	0	0	2009
Rate (per 100,000) of juvenile crime arrests	3.0	0.0	0.0	0.0	0.0	3.0	0.0	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	0.0	0.0	50.0	0.0	0.0	2009

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	28,734	0	0	2009
Percent in household headed by single parent	16.0	0.0	0.0	2006
Percent in TANF (Grant) families	0.0	0.0	0.0	2009
Number enrolled in Medicaid	0	0	0	2009
Number enrolled in SCHIP	0	0	0	2009
Number living in foster home care	0	0	0	2009
Number enrolled in food stamp program	0	0	0	2009
Number enrolled in WIC	0	0	0	2009
Rate (per 100,000) of juvenile crime arrests	3.0	0.0	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	0.0	50.0	0.0	2009

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MH**

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2009    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	23,734
Living in rural areas	5,000
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>28,734</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MH**

**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	53,305.0
Percent Below: 50% of poverty	2.0
100% of poverty	56.0
200% of poverty	70.0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MH**

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	28,158.0
Percent Below: 50% of poverty	45.0
100% of poverty	0.0
200% of poverty	0.0

## FORM NOTES FOR FORM 21

None

### FIELD LEVEL NOTES

1. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
EPSSo don't have population categorized by Race. Main race in RMI is Other Pacific Islands. The data for 0-1 is based on the EPSSO Population Estimates, April 2009.
2. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
EPSSo don't have population categorized by Race. Main race in RMI is Other Pacific Islands. The data for 1-4 is based on the EPSSO Population Estimates, April 2009.
3. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
EPSSo don't have population categorized by Race. Main race in RMI is Other Pacific Islands. The data is based on the EPSSO Population Estimates, April 2009.
4. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
EPSSo don't have population categorized by Race. Main race in RMI is Other Pacific Islands. The data is based on the EPSSO Population Estimates, April 2009.
5. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
EPSSo don't have population categorized by Race. Main race in RMI is Other Pacific Islands. The data is based on the EPSSO Population Estimates, April 2009.
6. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
EPSSo don't have population categorized by Race. Main race in RMI is Other Pacific Islands. The data is based on the EPSSO Population Estimates, April 2009.
7. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
EPSSO don't have population categorized by Ethnicity. The data for 0-1 is based on the EPSSO Population Estimates, April 2009.
8. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
EPSSO don't have population categorized by Ethnicity. The data is based on the EPSSO Population Estimates, April 2009.
9. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
EPSSO don't have population categorized by Ethnicity. The data is based on the EPSSO Population Estimates, April 2009.
10. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
EPSSO don't have population categorized by Ethnicity. The data is based on the EPSSO Population Estimates, April 2009.
11. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
EPSSO don't have population categorized by Ethnicity. The data is based on the EPSSO Population Estimates, April 2009.
12. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children20to24  
**Row Name:** children 20 through 24

- Column Name:**  
**Year:** 2011  
**Field Note:**  
 EPPSO don't have population categorized by Ethnicity. The data is based on the EPSSO Population Estimates, April 2009.
13. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women15  
**Row Name:** Women < 15  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 .
14. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women35  
**Row Name:** Women 35 or older  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data for 35 and above includes mothers whose age is from 35 and above, not stated, and the unregistered births.
15. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women35  
**Row Name:** Women 35 or older  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data is from mothers whose age ranges from 35 and above, not stated, and unregistered births.
16. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data source is from RMI Community Survey, 2006 which was published in Millenium Development Goals Progress Report 2009. The data presented is for Majuro which is 16%. They did the study for Ebeye, Eniburr, Wotje, Jaluit, Arno, and Ailuk. They don't have figure for the whole RMI. The percentage of families with female head, no husband is as follows: Ebeye - 10%, Eniburr - 16%, Wotje - 8%, Jaluit - 17%, Arno - 8%, and Ailuk - 10%.
17. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data was based on Majuro only. National Public Safety don't have the record for whole RMI as to date.
18. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data source is from RMI Community Survey, 2006 which was published in Millenium Development Goals Progress Report 2009. The data presented is for Majuro which is 16%. They did the study for Ebeye, Eniburr, Wotje, Jaluit, Arno, and Ailuk. They don't have figure for the whole RMI. The percentage of families with female head, no husband is as follows: Ebeye - 10%, Eniburr - 16%, Wotje - 8%, Jaluit - 17%, Arno - 8%, and Ailuk - 10%.
19. **Section Number:** Form21\_Indicator 10  
**Field Name:** Urban  
**Row Name:** Living in urban areas  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 In the released population estimate of EPPSO in April 2009, data was not categorized in areas.
20. **Section Number:** Form21\_Indicator 10  
**Field Name:** Rural  
**Row Name:** Living in rural areas  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 RMI defined rural areas as the outer islands
21. **Section Number:** Form21\_Indicator 10  
**Field Name:** Frontier  
**Row Name:** Living in frontier areas  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 RMI will develop plans to look at HSI 10 to define frontier areas to explore more in terms of to consider it rural frontier areas or does it mean the as rural areas as outer islands.
22. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_Children  
**Row Name:** Children 0 through 19 years old  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Economic Policy, Planning, and Statistics Office (EPPSO) don't have this kind of information. As of now, they are working on hathering information on the Millennium Development Goals which include eradicating extreme poverty and hunger.
23. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_FosterCare  
**Row Name:** Number living in foster home care  
**Column Name:**  
**Year:** 2011

**Field Note:**  
There's no foster home care in Marshall Islands. Orphans live with their relatives.

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: MH**

**Form Level Notes for Form 11**

In 2009, a questions survey concerning satisfaction for families of disabilities children conducted for those parents whose children/child have/has been indentified and confirmed by a physician. Results from these questions , 45% of parents were satisfied.

**STATE PERFORMANCE MEASURE # 1 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

To reduce the rates of Sexually Transmitted Diseases among women of child bearing age

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.				
Denominator					

**Field Level Notes**

None

# STATE PERFORMANCE MEASURE # 2 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

To reduce maternal mortality ratio.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

## Field Level Notes

None

# STATE PERFORMANCE MEASURE # 3 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Infant mortality rates

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

## Field Level Notes

None

**STATE PERFORMANCE MEASURE # 4 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Percentage of teenage (15-17 years old) acceptors of modern contraception.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None

# STATE PERFORMANCE MEASURE # 5 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Perceatge of mothers who breastfeed their newborns at hospital discharge

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

## Field Level Notes

None

**STATE PERFORMANCE MEASURE # 6 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Percentage of mothers who receive nutrition and family planning counseling during prenatal care

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		100	100	100	75
Annual Indicator	92.1	98.5	79.9	70.5	100.0
Numerator	1,520	1,555	1,272	1,076	1,537
Denominator	1,650	1,578	1,591	1,526	1,537
Data Source				RH Clinics	RH Clinics
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	80	85	90	95	100
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 7 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

The number of women who are screened for cervical cancer.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		100	100	100	30
Annual Indicator	96.7	17.1	9.9	20.2	20.7
Numerator	1,596	1,970	1,153	2,351	2,624
Denominator	1,650	11,547	11,594	11,642	12,685
Data Source				Health Planning.	Office of Health Planning & Statistics, MOH
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	35	40	45	50	
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2009**Field Note:**

The denominator is women ages 15-49 years old from the EPPSO Population Estimates, April 2009

**STATE PERFORMANCE MEASURE # 8 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Proportion of children who are identified and referred to the Children with Special Health Care Needs program

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective			100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	395	435	445	461	104
Denominator	395	435	445	461	104
Data Source				MCH program survey.	MCH Program
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	100	100	100	100	
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**1. **Section Number:** Form11\_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2009**Field Note:**

There were 104 cases that were referred to CSHCN Program and all of them were confirmed to the program.



**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
*[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]*  
**STATE: MH**

**Form Level Notes for Form 12**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: MH**

SP(New for Needs Assessment cycle 2011-2015) # 1

<b>PERFORMANCE MEASURE:</b>	To reduce the rates of Sexually Transmitted Diseases among women of child bearing age
<b>STATUS:</b>	Active
<b>GOAL</b>	To reduce the number of babies born with complications due to mothers that are exposed to sexually transmitted diseases.
<b>DEFINITION</b>	<p>To calculate the number of pregnant mothers with positive STDs that delivered during the reporting period.</p> <p><b>Numerator:</b> Number of pregnant mothers with positive STDs who delivered during the reporting period.</p> <p><b>Denominator:</b> Number of pregnant mothers screened for STDs during the reporting period.</p> <p><b>Units:</b> 100    <b>Text:</b> Percent</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	
<b>DATA SOURCES AND DATA ISSUES</b>	Prenatal database, Medical Records, Log books, and Annual Reports.
<b>SIGNIFICANCE</b>	To give birth to healthy babies without complications related to STDs.

SP(New for Needs Assessment cycle 2011-2015) # 2

<b>PERFORMANCE MEASURE:</b>	To reduce maternal mortality ratio.
<b>STATUS:</b>	Active
<b>GOAL</b>	To reduce maternal deaths and to keep mothers healthy after the delivery.
<b>DEFINITION</b>	<p>To calculate the maternal mortality ratio.</p> <p><b>Numerator:</b> Number of maternal deaths occurring in the reporting period.</p> <p><b>Denominator:</b> Number of live births in the reporting period.</p> <p><b>Units:</b> 1   <b>Text:</b> Ratio</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	MICH HP2020-3
<b>DATA SOURCES AND DATA ISSUES</b>	Medical Records, Outer Islands Health Centers, and Vital Statistics Office.
<b>SIGNIFICANCE</b>	To improve maternal health.

SP(New for Needs Assessment cycle 2011-2015) # 3

**PERFORMANCE MEASURE:** Infant mortality rates  
**STATUS:** Active  
**GOAL** To reduce infant mortality rates.  
**DEFINITION** To reduce infant death not related to congenital abnormalities.  
**Numerator:**  
Number of infant death during the reporting period  
**Denominator:**  
Number of live birth during the reporting period  
**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE** MICH HP2020–15

**DATA SOURCES AND DATA ISSUES** Medical Records, Outer Islands Health Centers, and Vital Statistics Office.

**SIGNIFICANCE** In reducing the infant mortality rate, it will define the increase of standard of living in the community.

**PERFORMANCE MEASURE:** Percentage of teenage (15-17 years old) acceptors of modern contraception.

**STATUS:** Active

**GOAL** Increase the number of teen acceptors of modern contraception.

**DEFINITION** The percentage of teen (15 to 17) acceptors of modern contraception.

**Numerator:**  
Total number of teens (15 to 19) acceptors of modern contraception.

**Denominator:**  
Total number of teens (15 to 17) in the population.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES** MCH Program and Family Planning

**SIGNIFICANCE** The number of teenage pregnancies is high and increasing. Health education programs geared towards this age group has focused on providing information on the availability of family planning methods and the advantages of practicing safe sex and planned pregnancies.

<b>PERFORMANCE MEASURE:</b>	Percenatge of mothers who breastfeed their newborns at hospital discharge
<b>STATUS:</b>	Active
<b>GOAL</b>	To increase the percenatge of mothers who breastfeed their newborns at hospital discharge
<b>DEFINITION</b>	<p>Percent of mothers in the State who breastfeed their newborns at hospital discharge</p> <p><b>Numerator:</b> The number of mothers in the who exclusively breastfeed their newborns at hospital discharge in the reporting period</p> <p><b>Denominator:</b> Number of hospital's live birth in the reporting period.</p> <p><b>Units:</b> 100   <b>Text:</b> Percent</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	
<b>DATA SOURCES AND DATA ISSUES</b>	Maternity Ward, Health Promotion, and MCH
<b>SIGNIFICANCE</b>	The advantage of breastfeeding are indisputable and include nutritional immunological and psychological benefits to both infant and mother, as well as economic benefits.

<b>PERFORMANCE MEASURE:</b>	Percentage of mothers who receive nutrition and family planning counseling during prenatal care
<b>STATUS:</b>	Active
<b>GOAL</b>	Increase to 90% mothers who receive nutriton and family planning counselling during prenatal care visits
<b>DEFINITION</b>	<p>Calculate mothers who receive nutriton and family planning counselling during prenatal care visits</p> <p><b>Numerator:</b> Total number of mothers who receive nutrition and family planning counselling during prenatal care visits</p> <p><b>Denominator:</b> Total number of mothers who attend prenatal care clinics</p> <p><b>Units:</b> 100    <b>Text:</b> Percent</p>

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES** MCH Program, Outpatient prenatal care visits, Medical Records

**SIGNIFICANCE** Childhood malnutrition has been increasing in recent years. In addition, unplanned pregnancies have been increasingly reported. As a result, the MCH program has implemented a protocol in which mothers who attend prenatal clinics are given information and counselling on nutrition and family planning and their effects on their lives and the lives of their children.

<b>PERFORMANCE MEASURE:</b>	The number of women who are screened for cervical cancer.
<b>STATUS:</b>	Active
<b>GOAL</b>	To increase the number of women who receives Pap smear screening so that those who need treatment and subsequent follow-up can be identified
<b>DEFINITION</b>	<p>Data for women in child bearing age that receive pap smear screening for the reporting period.</p> <p><b>Numerator:</b> The total number of women who receive Pap smear screening</p> <p><b>Denominator:</b> The total number of women who needs a Pap smear</p> <p><b>Units:</b> 100    <b>Text:</b> Percent</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	
<b>DATA SOURCES AND DATA ISSUES</b>	MCH Program, Family Planning, Outpatient data, HMIS, Medical Records
<b>SIGNIFICANCE</b>	With the increasing number of reproductive cancers seen in women in the Marshall Islands, Pap smear screens provide the best method of identifying those women who may have the early signs of cancer. Early detection will go a long way to reducing the number of deaths due to reproductive cancers.

<b>PERFORMANCE MEASURE:</b>	Proportion of children who are identified and referred to the Children with Special Health Care Needs program
<b>STATUS:</b>	Active
<b>GOAL</b>	To increase the number of children who are identified to need special health care needs to be referred to the Children with Special Health Care Needs program
<b>DEFINITION</b>	<p>Calculate the number of children are referred to the CSHCN program</p> <p><b>Numerator:</b> Total number of children identified as needing special health care needs who were referred to the CSHCN program</p> <p><b>Denominator:</b> Total number of children identified with abnormalities needing special health care</p> <p><b>Units:</b> 100    <b>Text:</b> Percent</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	
<b>DATA SOURCES AND DATA ISSUES</b>	CSHCN Program, Maternity Logs, Nursing Log
<b>SIGNIFICANCE</b>	The Marshall Islands is in the process of developing a protocol on screening all infants born in the Ministry's health facilities and a mechanism to screen children in the urban centers and outer island communities

